## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 181 AMENDMENT AFTER 2nd AMENDMENT DEP. IND. IND. DEP. DEP. IND. IND. DEP. Alay ŧ ì TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP.

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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